Kryssarvägen 10, Näsby Park, Sweden den 26 Dec., 1960

Dr. K. E. Karlson

Dear Karl.

Now that you have recovered from the attack of syncope occasioned by receipt of the enclosed paper all ready to go (I hope you agree), I can say a little more about it. The title does not seem to me to carry enough punch, and I have been experimenting. Some of those I have wondered about are: FORMIDABILITY OF CANCER RISK IN LATE ULCERATIVE COLITIS

CANCER RISK IN ULCERATIVE COLITIS
FOR IDABILITY PER PATIENT-YEAR OF LATE DISEASE

After having finished the typing, and having a lot more to do, it seems to me that the second alternate title above might be the best to use. If you are inclined to agree, would you ask the girls to amend the manuscript appropriately, fix up a title sheet, and make any alterations you feel proper. I believe everything in the paper can be substantiated from the data we have, and I do not think our case is overstated either. When you are happy with it, would you give it to Al Hurwitz so he can see same and then send it on to OHW for publication in the Reappraisal Section of Surgery?

My next point of unhappiness with this paper is that most of the effect of it will be lost if publication is in a purely surgical journal. It is, after all, the die-hard medical gastroenterologists who cannot bring themselves to be honest about whis matter. I had a letter from John Talbot some months ago wanting ideas on how to spruce up the J. Am. Med. Assn. and requesting any editorials I might think it appropriate to send him. He has made a great change in the Journal. I should think a good editorial there ought to reach the right people, if John would publish it. What is your reaction to this? The first question, of course, would be the matter of selection of our cases, and what fraction of all cases of colitis should come into the hands of the surgeon. I can't answer these questions categorically, but our experience shows that Mary Armstrong is the only patient out of 269 in whom the disease did not progress to the point of surgical indication, excluding those lost to follow-up.

Another question which all this raises is that of writing jointly a study on the ileoproctostomies. We have good data, and most of the papers which have appeared in the last year on this fail to mention our series of 42 cases at all purport to give a review of the literature, and then present a much smaller series with results which our experience shows are not correct. Would you react favorably?

I understand from multiple sources that progress is rapid in connection with the University Hospital. I have been much impressed with the utilization of ethylene oxide sterilizers here. A large centrifuge has been installed in the main operating room and another in the research lab for use of this method. There has been a little trouble, but very little, and it has permitted use of materials in oxygenators which could not stand autoclaving at all. I believe, but am not certain, that Stille has had to do with this here, but cannot believe there is not an enterprising American company anxious to provide us with this sort of service. Elimination of the excess ethylene oxide is no problem at all, as the gas is simply run upstairs to an open areaway where it is released under water with conversion to ethylene glycol or some intermediate product.

I have indicated before that I am impressed with some automatic door closers used on the wards here. Thus far everyone who was to help me get the source of them has forgotten. I shall send same on to you as soon as I can get information.

There is a young lady about 20 years of age here who works as a technician with Bengt Jonsson downstairs. You may recall him as co-author of the big book

on congenital heart disease which came from here a few years ago. She is very anxious to spend a year in a laboratory in the U. S. as part of a good background. Her training is in Van Slykes, pH's, standard bicarbonates, and gas analysis, but obviously she is not provided with a very profound background. I shall give her your name and address and suggest that you might deal directly with her as to the chance there might be an opening in our department or in that of one of our friends in the area. Is spect she might be at home in Brooklyn. She speaks Swedish, of course, and fairly good English, but she looks Jewish and has a name like Frykman, or something of the sort. Am home for the two-day holiday and do not have my notes on her here.

Another young lady is a scrub nurse and wants to know whether it would be possible for her to work in Brooklyn, at least for a time. I know almost nothing about here, not even her name, but would not pursue the matter unless miss Mullen thought it might be possible to work her in to our OR. They have too many infections here, as I have mentioned to you previously, and at least some of itseems obviously due to a poor basic understanding of operating room asepsis on the part of everybody except Crafoord himself, so she would have to be watched and perhaps trained a bit.

The w ole show comes to a virtual stop here during the holidays. Today is 'annan dagen'and is a holiday, presumably to let people recover from overeating on Christmas Day. We did fairly well, having found a fine butcher who provided us this time with a nicer turkey than the family has ever had. I still can't figure out why ally wanted such a big one, as we only made a slight dent in one side of it yesterday. I shall not worry about how it can be used up.

We have the medical professional personnel from the Thoraxkliniken here on Wednesday for a New York style open house. From the number of questions about what that means which have come to me in roundabout fashion, we seem to have perked up cariosities. It should be interesting.

We go to Are, up in Fjällen, for a few days just after New Year's Day. There is to be skating, skiing, sliding, etc. for the whole family. They have a family rate on the railroad which lets all the rest of the family go at one-third regular fare! At least we shall come home with lots of equipment (excluding skis, which can be rented)

We leave Stockholm about June 10. DuBost wants me to go to Paris to participate in a symposium on deep hypothermia, which I could well do on the basis of some of the work in which I have been participating here. It does not fit at all into travel plans for the family, as it would be Paris on June 15, 16, and 17, and we all want to see fjords and midnight sun first. Ake has been inclined to turn it down too, as in his experience the French meetings are mostly wind. After touring, camping at night, until early August, we shall come home on the Rotterdam, which leaves Southamptom August 9, I think. Judgning from last summer, you have things organized so the Karlson family can go on vacation even though Dennis is also away. I trust this correct, as it was a rat race to get boat reservations even this early in the game.

We enjoyed Gloria's card. I suppose it is to be expected that your kids will have grown too, but it took us by surprise to see how big they looked. Elly joins in sending our best to all of you.

Sinc.,

P.S. I note the name 'Robert Watman' among the victime of the recent air disaster. I can only assume this is our man from Columbus, and am horrified that such a thing could happen. Would you confirm this to me by return mail, as I should, of course, write a note to his wife? Where does this leave you in regard to the Jewish Hospital? Many thanks.